

## Gift to Agency Report

## A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	<b>California Form 801</b> For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address			
State Capitol			
Area Code/Phone Number	E-mail		
(916) 445-0873			
Agency Contact (name and title)		<input type="checkbox"/> Amendment (explain in comment section)	
Dan Maguire, Deputy Legal Affairs Secretary		Date of Original Filing: _____ (month, day, year)	

## 2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name		First Name	<input checked="" type="checkbox"/> Other	GE c/o Universal Studios Hollywood	
100 Universal City Plaza 5511-6		Universal City		CA	91608	
Address		City		State	Zip Code	
GE is a diversified technology, media and financial services company						
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.						
If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:						
Name		\$	Amount	Name		\$

## 3. Payment Information

Date and Amount of Payment (other than travel)	7-28-08	\$	368,593
		(month, day, year)	(Round to whole dollars)
Travel Payment Information (Round to whole dollars)		Location of Travel	
Date(s) of Travel	\$	Transportation Expenses	\$
		Lodging Expenses	\$
		Meal Expenses	\$
		Other Expenses	\$
		Total Expenses	\$

Provide a specific description of the nature and use of the payment for official agency business:

GE paid a deposit to Ambrosia for overall conference planning and vendor coordination for opening and closing ceremonies, signature events, and forums for the Border Governors conference on August 13-15, 2008.

Identify the officials for whom the payment was used:

not applicable			
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Susan Kennedy	Chief of Staff	8/25/08
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)